

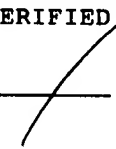



SERIAL NUMBER 09/163,807	FILING DATE 09/30/98	CLASS 364	GROUP ART UNIT 2763	ATTORNEY DOCKET NO. RYA-118/TIP/		
APPLICANT DAVID R. L. WORTHINGTON, LA HONDA, CA; STEPHEN J. BROWN, WOODSIDE, CA.						
CONTINUING DOMESTIC DATA*** VERIFIED THIS APPLN IS A CON OF 08/781,278 01/10/97 						
371 (NAT'L STAGE) DATA*** VERIFIED 						
FOREIGN APPLICATIONS*** VERIFIED 						
FOREIGN FILING LICENSE GRANTED 10/15/98 ***** SMALL ENTITY *****						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged  Examiner's Initials _____		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 4
ADDRESS MARK ALBOSZTA LUMEN INTELLECTUAL PROPERTY SERVICES 426 LOWELL AVENUE PALO ALTO CA 94301						
TITLE DIABETES MANAGEMENT SYSTEM AND METHOD FOR CONTROLLING BLOOD GLUCOSE						
FILING FEE RECEIVED \$831	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			



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Bib Data Sheet

CONFIRMATION NO. 5905

SERIAL NUMBER 09/163,807	FILING DATE 09/30/1998 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. RYA-118/CIP/
APPLICANTS DAVID R. L. WORTHINGTON, LA HONDA, CA; STEPHEN J. BROWN, WOODSIDE, CA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 08/781,278 01/10/1997 PAT 5,956,501				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/16/1998				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 50
INDEPENDENT CLAIMS 4				
ADDRESS 25315				
TITLE DIABETES MANAGEMENT SYSTEM AND METHOD FOR CONTROLLING BLOOD GLUCOSE				
FILING FEE RECEIVED 831	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	